



(1) Originating Agency Number (ORI #) NJPRR0000	(2) Category PRX	(3) Statute Number 13:59-1
(4) Reason for Fingerprinting PERSONAL RECORDS REQUEST		(5) Document Type S1
(7) Contributor's Case # (Unique Identifier) PRR		(6) Payment Information \$41.00
		(8) Miscellaneous

**** Important: Please see Acceptable ID Requirements below****

(9) First Name		(10) MI	(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number	(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden Name (if married female)		(18) Place of Birth (State if US Citizen – Country for all others)
(19) Country of Citizenship				
(20) Home Address				
Address		City	State	Zip
(21) Gender (Select one) Male Female Both	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation	(26) Employer (Name) Employer Address City State Zip			

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You **MUST** present this completed form at your appointment to be **FINGERPRINTED**. **NO EXCEPTIONS ALLOWED.** Applicants without forms or with incomplete forms will not be printed.

ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You **MUST** retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM



FORM A

PLEASE READ THE FRONT AND BACK OF THIS FORM CAREFULLY:

Applicants that require one of the following fingerprint based background checks and need the results mailed back to the applicant's address must use form "A":

**Good Conduct
Immigration
Naturalization
Personal Record
Visa
Expungement**

If none of the above reasons meet your needs, please inquire about additional forms (see below) that may be used for fingerprint based New Jersey Criminal History Background Checks.

Form B:

International Adoption Requiring notarization
Foreign business requiring notarization

Form C:

Employment (**responses returned to applicant)

Form D:

Employment (**responses returned to employer)

By utilizing form "A", you are requesting and authorizing the New Jersey State Police to conduct a fingerprint based New Jersey Criminal History Background Check.

The New Jersey State Police uses the live scan fingerprinting services provided by Sagem Morpho, Inc., a private company under contract with the State of New Jersey. In order to be fingerprinted for one of the purposes listed above, you are required to contact Sagem Morpho to schedule a time and place to have your fingerprints recorded. The quickest and easiest way to schedule your appointment is via the Web at www.bioapplicant.com/nj. Web scheduling is available 24 hours per day, seven days per week. Applicants who do not have Web access should call Sagem Morpho at the company's toll-free telephone number, 1-877-503-5981 (Monday through Friday, 8:00 a.m. to 5:00 p.m., and Saturday, 8:00 a.m. to 12:00 noon). Sagem Morpho provides a toll-free TTY telephone number, 1-800-673-0353, for hearing-impaired applicants with a modem-equipped telephone. Spanish-speaking operators are available upon request.

You must bring this form with you to your scheduled fingerprint appointment. In addition to this form, you must bring proper identification as outlined on the front of the Universal Fingerprint Form. The home address that you fill out on the attached form should be the same as the home address printed on the identification that you provide to Sagem Morpho INC. **YOUR ADDRESS MUST BE COMPLETE AND ACCURATE IN ORDER TO PROPERLY MAIL BACK THE RESULTS OF YOUR CRIMINAL HISTORY BACKGROUND CHECK.** To ensure accuracy, please legibly complete blocks #9 thru #26 on the front of this form prior to scheduling your appointment.

The fee for this service is \$41.00. Accepted forms of payment are money order, credit card and electronic debit check. At the time of scheduling your appointment, payment will be required and charged to your account. Appointments must be canceled by noon on the business day prior to your scheduled time (you must cancel by Saturday at noon for a Monday appointment). If you fail to cancel your scheduled appointment, you will forfeit the \$11.00 portion of your fingerprint fee that is payable to Sagem Morpho. You will also forfeit the \$11.00 fee if you fail to bring the Universal Fingerprint form and proper ID when having your fingerprints scanned.

Failure to utilize this form for its intended purpose and/or failing to provide complete and accurate information may result in having to be fingerprinted again and incurring additional costs.

Any questions regarding the use of this form can be directed to your Local or State Police Department where you obtained this form, or contact the New Jersey State Police, Criminal Information Unit at 609 882-2000 ext. 2918. Additional information on criminal history background checks may also be found on our website at www.njsp.org.